

MAY 30 2008

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**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Jason Mark Heckert- United States Patent and Trademark Office**

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(Signature)**FROM: Julia A. Glazer**

Fax No. (513) 627-8118

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Application No.: 10/776,854

Inventor(s): Wooton *et al.*

Filed: February 11, 2004

Docket No.: 9526

Confirmation No.: 3890

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Fee Transmittal (1 Page)
- 2) Response (4 Pages)

Number of Pages Including this Page: 6 Pages**Comments:**

****Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

FEE TRANSMITTAL for FY 2008		Complete if Known	
Patent fees are subject to annual revision. Effective September 30, 2007		Application Number	10/776,854
		Confirmation Number	3890
		Filing Date	February 11, 2004
		First Named Inventor	John Allen Wooten
		Examiner Name	Jason Mark Heckert
		Art Unit	1792
TOTAL AMOUNT OF PAYMENT (\$) 120		Docket No.	9526

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 MAY 30 2008

METHOD OF PAYMENT	FEE CALCULATION (continued)																																								
1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	5. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td style="text-align: right;">(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td style="text-align: right;">(\$460) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td style="text-align: right;">(\$1,050) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td style="text-align: right;">(\$1,640) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td style="text-align: right;">(\$2,230) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td style="text-align: right;">(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td style="text-align: right;">(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td style="text-align: right;">(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td style="text-align: right;">(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td style="text-align: right;">(\$1,030) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td style="text-align: right;">(\$1,410) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input checked="" type="checkbox"/>	Extension for reply within 2 nd month	(\$460) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,050) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,640) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,230) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$510) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$510) <input type="checkbox"/>	Request for oral hearing	(\$1,030) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>	Other:	<input type="checkbox"/>										
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$)[0]																																									
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: right;">Extra Claims</th> <th style="text-align: right;">Fee from Below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> =</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> =</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> =</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$)[0]	Total Claims	Extra Claims	Fee from Below	Fee Paid	<input type="checkbox"/> - 20** = <input type="checkbox"/> x		<input type="checkbox"/> =	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x		<input type="checkbox"/> =	<input type="checkbox"/>	Multiple Dependent claims:		<input type="checkbox"/> =	<input type="checkbox"/>																									
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SUBTOTAL (5) (\$) [120]																																									

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Julie A. Glazer	Registration No. (Attorney/Agent)	41,783
Signature		Telephone	(513) 627-4132
		Date	May 30, 2008

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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 Rev. 12/07